

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### TRANSPORTATION COVER SHEET

#### DOCKET

NUMBER: 2019 - 28 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: LYDELL GRAY

Telephone: 864-351-9274

Address: 221 GOODWIN BRIDGE RD,

Fax: 864-834-4811

TRAVELERS REST,

Other: 864-834-4848

SPOUTH CAROLINA, 29690

Email: samaritan12@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

#### NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: <u>P</u>                               |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - STRETCHER VAN**

Date: 01/08/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

SAMARITAN BED and BATH SERVICE, INC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

403 N MAIN ST , TRAVELERS REST, SC. 29690

Street Address of Applicant

SAME

Mailing Address of Applicant (if different from street address)

864-834-4848

Phone

864-834-4811

Fax

samaritan12@aol.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Lydell Gray 221 Gordon bridge Rd T. R. SC. 29660

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	290,000.00	Mortgage/Loan on Real Estate	58,000.00
Value of Motor Vehicles	30,000.00	Loans Owed on Motor Vehicles	10,000.00
Cash on Hand		Business/Other Loans Owed	1800.00
Cash in Bank	10,000.00	Other Liabilities or Debts	
Value of Other Assets and Equipment		<b>Total Liabilities</b>	69,800
<b>Total Assets</b>	330,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts"\* means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

## Proposed Rates and Charges:

\$ 125.00 each pick up 1.70 er mile , \$ 18 and hour after 4 hours waiting period

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

[illegible]

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

SAMARITAN BED and BATH SERVICES INC

Name of Applicant

403 N MAIN ST TRAVELERS REST, SC. 29690.

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ ~~\$1,000,000.00~~

The above quoted premium is for a term of 12 months.

*Form E.  
on file*

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

TDC SPECIALTY COMPANY

Name of Insurance Company

1050 K STREET SUITE400, WASHINGTON, DC MILL ST. UNIONVILLE, CT 06085

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE  
(Electronic Filing)

Filed with South Carolina Office of Regulatory Staff (herein after called Agency)  
(Name of Agency)

This is to certify that the Amalgamated Casualty Insurance Company NAIC# 13293  
(Name of Company)  
(herein after called Company) of 500 Morse Street, N.E., Washington, DC, 20002  
(Home Address of Company)

has issued to Samaritan Bed & Bath Services, Inc. of 403 N Main Street, TRAVELERS REST, SC, 29690  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/22/2018 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 500 Morse Street, N.E., Washington, DC, 20002 This 24th day of Oct 20 18  
(Address) (Day) (Month) (Year)

Insurance Company File No. CAP-17-0105884-01 (REINSTATE)  
(Policy No)

Edward Arovas  
(Authorized Company Representative)

Liability Limit : 1,000,000.00



**Exhibit Fit, Willing, and Able (FWA)**

LYDELL GRAY

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes
                    
 ☒ No
                    
 ☐ Pending
                    
 (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory
                    
 ☐ Conditional
                    
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes
                    
 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes
                    
 ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes
                    
 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes
                    
 ☐ No



**Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

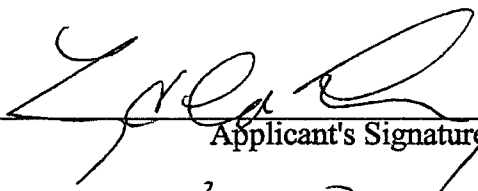
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

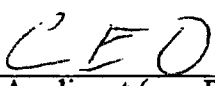
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

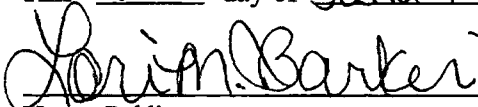
- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

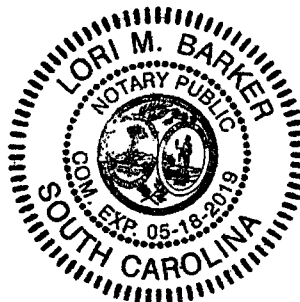
  
Applicant's Signature

  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Greenville )

SWORN TO BEFORE ME  
This 8th day of January, 20 19  
  
Notary Public

Commission Expires May 18, 2019



Print Application

South Carolina Secretary of State Mark Hammond

# Business Entities Online

File, Search, and Retrieve Documents Electronically

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## SAMARITAN BED & BATH SERVICES, INC.

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### Corporate Information

Entity Type: Corporation

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina  
State:

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### Registered Agent

Agent: LYDELL GRAY

Address: 232 GOODWIN BRIDGE RD  
TRAVELERS REST, South Carolina  
29690

### Important Dates

Effective Date 07/16/2001

:

Expiration N/A  
Date:Term End N/A  
Date:Dissolved N/A  
Date:

---

### Official Documents On File

Filing Type	Filing Date
Incorporation	07/16/2001

For filing questions please contact us at 803-734-2158

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DEFINITION: A TRUE AND CORRECT COPY  
IS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

**FILED**

**JUL 16 2001**

JUL 16 2001

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

## ARTICLES OF INCORPORATION

**SECRETARY OF STATE OF SOUTH CAROLINA**

*Jim Miles* 3  
SECRETARY OF STATE

**TYPE OR PRINT CLEARLY IN BLACK INK**

1. The name of the proposed corporation is Samaritan Bed & Bath Services, Inc.
2. The initial registered office of the corporation is 232 Goodwin Bridge Road  
Street Address
- |                       |                   |                       |              |
|-----------------------|-------------------|-----------------------|--------------|
| <u>Travelers Rest</u> | <u>Greenville</u> | <u>South Carolina</u> | <u>29690</u> |
| City                  | County            | State                 | Zip Code     |

and the initial registered agent at such address is Lydell Gray  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

sent to the appointment as registered agent of the

Ryell B. Sh  
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.
- b. ☐ The corporation is authorized to issue more than one class of shares:

### Class of Shares

**Authorized No. of Each Class**

**The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:**

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended)